

# CLASSROOM EVALUATION CHECKLIST

NAME	RATE	DATE			
COURSE	TOPIC TITLE	CIN			
		YES	NI	NO	NA
<b>1. INTRODUCTION</b>					
a. Displayed course and topic title.					
b. Introduced self.					
c. Explained how the material fits into the course.					
d. Explained objectives to the students.					
e. Stressed the importance of safety.					
f. Explained the importance of satisfactory performance.					
g. Motivated students to do their best.					
<b>2. PRESENTATION</b>					
a. Lesson plan has been personalized.					
b. Classroom and materials are ready for training.					
c. Information technically accurate.					
d. Taught from the discussion points.					
e. Used the lesson plan effectively.					
f. Transitioned and chained material effectively.					
g. Used questioning techniques effectively.					
h. Used technology/training aids effectively.					
i. Maintained proper eye contact.					
j. Displayed enthusiasm.					
k. Used gestures effectively.					
l. Maintained a positive, professional attitude.					
m. Used time effectively.					
n. Avoided distracting mannerisms.					
o. Used communication skills effectively.					
p. Maintained flexibility.					
q. Used personal experiences/examples to stress material.					
r. Explained material clearly.					
<b>3. INSTRUCTOR/STUDENT INTERACTION</b>					
a. Established and maintained student attention.					
b. Encouraged student participation.					
c. Checked for student comprehension.					
d. Established/maintained proper instructor/student relationship.					
<b>4. SUMMARY</b>					
a. Related objectives to the lesson.					
b. Summarized lesson properly.					
c. Questions checked student understanding.					
d. Reemphasized the importance of safety.					

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<input type="checkbox"/> <b>Satisfactory</b>		<input type="checkbox"/> <b>Unsatisfactory</b>	
<input type="checkbox"/> <b>Recommended for a Waiver</b>		<input type="checkbox"/> <b>Recommended for MTS</b>	
<input type="checkbox"/> <b>Technical</b>	<input type="checkbox"/> <b>Technique</b>	<input type="checkbox"/> <b>Instructor Preparation 1 2 3</b>	<input type="checkbox"/> <b>Certification</b>
<input type="checkbox"/> <b>Monthly 1 2 3</b>	<input type="checkbox"/> <b>Quarterly 1 2 3 4</b>	<input type="checkbox"/> <b>High/Moderate-Risk</b>	
<b>REMARKS COMPLETED BY THE EVALUATOR</b>			
<p>All behaviors evaluated as NI or NO will be explained under this section. A statement concerning safety evaluation procedures must be included in this section. Also include any comments of an outstanding nature.</p>			
SIGNATURE AND TITLE OF THE EVALUATOR		DATE	
<b>INSTRUCTOR IMPROVEMENT PLAN</b>			
<p>I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following actions.</p>			
SIGNATURE AND TITLE OF THE INSTRUCTOR		DATE	